2025/26 Quality Improvement Plan for Ontario Long Term Care Homes "Improvement Targets and Initiatives"

CARE HOMES Creating Caring Environments

CARE ITUMES
Queensway Long Term Care Home 100 QUEEN STREET EAST, P.O. BOX 369, Hensall , ON, NOM1X0
sating Caring Environments

		Measure/Indicator					Current		Target	External Collaborators	Planned improvement			Target for process	
Je	Quality dimension				Source / Period			Target	justification	External Collaborators r) C = Custom (add any other is	initiatives (Change Ideas)		Process measures	measure	Comments
										r) C = Custom (add any other i					
Access and Flow	Efficient	Rate of ED visits for	0	Rate per 100 residents / LTC	CIHI CCRS, CIHI NACRS / Oct 1,	51211*	21.05	20.00	Increased		1)Continue to implement regular health screening	Registered staff to ensure vaccinations are up to date, educate staff on recognizing early warning signs of	Number of focused health assessments reviewed per month by the quality lead	100% compliance with focused	
		modified list of ambulatory		residents / LTC home residents	NACRS / Oct 1, 2023, to Sep 30,				communication between the		regular health screening through IPAC assessments	educate staff on recognizing early warning signs of health issues and provide them with resources in the	month by the quality lead	with focused health assessments	
		care-sensitive		nome residents	2023, to sep 30, 2024 (Q3 to the				families/POA		and preventive care	home to manage both acute and chronic issues.		completed by	
		conditions* per 100			end of the				and NP to		measures to help identify	nome to manage both active and chronic hades.		registered staff as	
		long-term care			following Q2)				alternatives that		2)Improve communication	Education and re-education will be provided to	Number of communication process used in the SBAR	100% of	
		residents.							can be provided		between Registered Staff,	registered staff on the continued use of SBAR tool and	format, between clinicians per month;	communication	
									at the home.		on site Nurse Practitioner,	support standardize communication between clinicians.		between	
									Target is based		and Physician by using a			physicians, NP and	
Equity									on corporate		consistent communication			registered staff will	
									averages. We aim to do better		3)DOC and ADOC to review ED tracker, for the common	Utilization internal hospital tracking tool and analyze each transfer status. ED transfer audit will be completed	Increased SBAR documentation and improved communication within clinical team	50% reduction of FD visits by	Utilize Nur Practitione
									aim to do better than or in line		ED tracker, for the common reasons for transfer to ED -	each transfer status. ED transfer audit will be completed and reviewed monthly by nursing leadership (DDC.	communication within clinical team	ED visits by December 31st	Practitione other stake
									with corporate		review in Nursing practice	ADOC). Reports will be reviewed at guarterly PAC		2025.	holders su
									average.		meetings, to develop	meetings; and standing agenda in nursing practice		2023.	Medigas, C
	Equitable	Percentage of staff	0	% / Staff	Local data	51211*	100	100.00	This is done		1)To increase diversity	Introduce diversity and inclusion as part of the new	Number of new employee trained of Culture and	100% of staff	
		(executive-level,	ľ l		collection / Most				annually on our		training through Surge	employee onboarding process	Diversity	educated on topics	
		management, or all)			recent				online learning		education or live events			of Culture and	
		who have completed			consecutive 12-				system and is a					Diversity	
		relevant equity,			month period				requirement of						
		diversity, inclusion, and anti-racism							employment		2)To facilitate ongoing	Celebrate culture and diversity events; educational	Number of staff education on Culture and Diversity	100% of staff	
		and anti-racism education									feedback or open door	opportunities		educated on topics	
		education									policy with the management			of Culture and Diversity	
														Directory	
						1					3)To include Cultural	Monthly quality meeting standing agenda- review the	Number of CQI meetings with cultural diversity on the	100% of CQI	
											Diversity as part of CQI	number of programs, education completed	meeting agenda and minutes.	meeting minutes	
											meetings			will include cultural	
														diversity	
	<u> </u>		L												
Experience	Patient-centred	Percentage of	0	% / LTC home	In house data,	51211*	54.9	70.00	Increased floor		1)Review of the	Review of policy with resident and family with admission	Review of policies added to the admission process, care	100% of all staff	
		residents who responded positively		residents	interRAI survey / Most recent				presence and communication		Whistleblower policy	and care conferences	conference	and residents and families will have	
		responded positively to the statement: "I							communication from						
		to the statement: "I can express my			consecutive 12- month period				from management to					been made aware	_
		opinion without fear			inonen periou				residents.		2) Review "Resident's Bill of	Add resident right #29 to standing agenda for discussion	100% of resident Council meeting will have Residents'	100% of all staff	
		of consequences".							Ensuring the		Rights" more frequently, at	on monthly basis by program Manager during Resident	Bill of Right #29, added each meeting	and residents and	
									DOC has an open		residents' Council meetings	Council meeting		families will have	
									door policy.		monthly. With a focus on	-		completed the	
											Resident Rights #29. "Every			education on	
											3)Review the process for	Review policy with resident and family on admission and	Number of admission packages policy is added too.	100% of	
											addressing resident and	during care conferences		admissions and	
											family concerns in the home			care conferences	
											on admission, during annual care conference and as			will review policy.	
fetv	Safe	Percentage of LTC	0	% / LTC home	CIHI CCRS / July 1	51211*	14.06	12.00	Increase		1)Monthly collaboration	To increase training and/or education of Falls program	number of GAP analysis completed related to falls	100% of staff	
iety	Sate	home residents who	°	residents to Sep 30, 2	to Sep 30, 2024	41 51211*	14.00	12.00	education to		with Falls committee, and	to increase planning and/or education or Paris program	number of GAP analysis completed related to fails	participation on	
		fell in the 30 days		(Q2), as target quarter of rolling 4-quarter				staff on fall	on fall	external resources for the			Falls Weekly		
		leading up to their						prevention		development of the			huddle in each unit		
		assessment						methods through		resident's plan of care,					
					average				quality forums		2)Injury prevention - review	Education and re-education provided to registered staff	Number of environmental and pharmacist referrals	100% of staff	
										and in house	of FRS, ensure appropriate	on the completion of post fall anaylsis		participation on	
								education.		medication prescribed for			Falls Weekly		
										prevention of bone density			huddle in each unit		
							1		1		1055 2)To facilitate a Meekly Fall	Complete a weekly meeting with unit staff regarding	Number of weekly meeting in each unit	100% of staff	
									-	Huddles	ideas to help prevent risk of falls or injury related to falls	reaction of weekly meeting in each one	participation on		
											Tradales.	inclusion in prevente risk of fails of right y related to fails		Falls Weekly	
														huddle in each unit	
		Percentage of LTC	0	% / LTC home	CIHI CCRS / July 1	51211*	24	16.00	A review of all		1)The MD, NP, BSO internal	Number of meetings held monthly by interdisciplinary	Number of referrals to pharmacist for appropriate use of	i 100% of newly	
		residents without		residents	to Sep 30, 2024				residents on			team. Number of antipsychotics reduced as a result	antipsychotics		
											and external (including			admitted residents	
		psychosis who were	1		(Q2), as target				antipsychotics on		Psychogeriatric Team), with	monthly. Number of PAC meetings held quarterly, where		will have been	
		given antipsychotic			quarter of rolling				a monthly basis		Psychogeriatric Team), with nursing staff will meet	monthly. Number of PAC meetings held quarterly, where discussion and reviews on strategies have resulted in a		will have been reviewed for the	
		given antipsychotic medication in the 7			quarter of rolling 4-quarter				a monthly basis through reports		Psychogeriatric Team), with nursing staff will meet monthly to review newly	monthly. Number of PAC meetings held quarterly, where discussion and reviews on strategies have resulted in a decrease of antipsychotics		will have been reviewed for the appropriateness of	
		given antipsychotic			quarter of rolling				a monthly basis through reports from CareRx and		Psychogeriatric Team), with nursing staff will meet monthly to review newly 2)Residents who are	monthly. Number of PAC meetings held quarterly, where discussion and reviews on strategies have resulted in a decrease of antipsychotics BSO lead and nursing team will ensure that residents	Number of residents prescribed antipsychotics	will have been reviewed for the appropriateness of 100% of residents	
		given antipsychotic medication in the 7			quarter of rolling 4-quarter				a monthly basis through reports from CareRx and cross reference		Psychogeriatric Team), with nursing staff will meet monthly to review newly 2)Residents who are prescribed antipsychotics	monthly. Number of PAC meetings held quarterly, where discussion and reviews on strategies have resulted in a decrease of antipsychotics BSD lead and nursing team will ensure that residents who receive antipsychotics for responsive expressions	medications over the number of residents who have	will have been reviewed for the appropriateness of 100% of residents who are prescribed	
		given antipsychotic medication in the 7			quarter of rolling 4-quarter				a monthly basis through reports from CareRx and cross reference to ensure there		Psychogeriatric Team), with nursing staff will meet monthly to review newly 2)Residents who are prescribed antipsychotics for the purpose of	monthly. Number of PAC meetings held quarterly, where discussion and reviews on strategies have resulted in a decrease of antipsychotics BSD lead and nursing team will ensure that residents who receive antipsychotics for responsive expressions with have their medication, plan of care reviewed,		will have been reviewed for the appropriateness of 100% of residents who are prescribed antipsychotic	
		given antipsychotic medication in the 7			quarter of rolling 4-quarter				a monthly basis through reports from CareRx and cross reference to ensure there is an appropriate		Psychogeriatric Team), with nursing staff will meet monthly to review newly 2)Residents who are prescribed antipsychotics for the purpose of management of Responsive	monthy, Number of PAC meetings held quarterly, where discussion and reviews on strategies have resulted in a decrease of antipsychotics BSO lead and nursing team will ensure that residents who receive antipsychotics for responsive expressions with have their medication, plan of care reviewed, quarterly by the interdisciplinary team (including	medications over the number of residents who have	will have been reviewed for the appropriateness of 100% of residents who are prescribed antipsychotic medications will	
		given antipsychotic medication in the 7			quarter of rolling 4-quarter				a monthly basis through reports from CareRx and cross reference to ensure there		Psychogeriatric Team), with nursing staff will meet monthly to review newly 2)Residents who are prescribed antipsychotics for the purpose of	monthly. Number of PAC meetings held quarterly, where discussion and reviews on strategies have resulted in a decrease of antipsychotics BSD lead and nursing team will ensure that residents who receive antipsychotics for responsive expressions with have their medication, plan of care reviewed,	medications over the number of residents who have received a medication review in the last quarter.	will have been reviewed for the appropriateness of 100% of residents who are prescribed antipsychotic medications will receive a 3 month	
		given antipsychotic medication in the 7			quarter of rolling 4-quarter				a monthly basis through reports from CareRx and cross reference to ensure there is an appropriate		Psychogeriatric Team), with nursing staff will meet monthly to review newly 2)Residents who are prescribed antipsychotics for the purpose of management of Responsive expressions, will have a 3)Development of plans of care, with non	monthly. Number of PAC meetings held quartery, where discussion and reviews on strategies have resulted in a docrase of antipocychotics BSD lead and nursing team will ensure that residents who receive antipocychotics for responsive expressions with have their medication, plan of care reviewed, quarterly by the interdisciplinary team (including resident and family	medications over the number of residents who have received a medication review in the last quarter.	will have been reviewed for the appropriateness of 100% of residents who are prescribed antipsychotic medications will receive a 3 month 100% of full time, nursing staff	
		given antipsychotic medication in the 7			quarter of rolling 4-quarter				a monthly basis through reports from CareRx and cross reference to ensure there is an appropriate		Psychogeristric Team), with nursing staff will meet monthly to review newly 2)Residents who are prescribed antipsychotics for the purpose of management of Responsive expressions, will have a 3)Development of plans of care, with non pharmalogical approach -	monthy. Number of PAC meetings held quartery, where discussion and reviews on strategies have resulted in a decrease of antipsychotics. BSO lead and nursing team will ensure that residents with have their medication, plan of care reviewed, quarterly by the interdisciplinary team (including revident and family Review of plan of care for non-pharmalogical	medications over the number of residents who have received a medication review in the last quarter.	will have been reviewed for the appropriateness of 100% of reaidents who are prescribed antipsychotic medications will receive a 3 month 100% of full time, nursing staff receive GPA	
		given antipsychotic medication in the 7			quarter of rolling 4-quarter				a monthly basis through reports from CareRx and cross reference to ensure there is an appropriate		Psychogeriatric Team), with nursing staff will meet monthly to review newly 2)Residents who are prescribed antipsychotics for the purpose of management of Responsive expressions, will have a 3)Development of plans of care, with non pharmalogical approach pharmalogical on of triggers and	monthy. Number of PAC meetings held quartery, where discussion and reviews on strategies have resulted in a decrease of antipsychotics. BSO lead and nursing team will ensure that residents with have their medication, plan of care reviewed, quarterly by the interdisciplinary team (including revident and family Review of plan of care for non-pharmalogical	medications over the number of residents who have received a medication review in the last quarter.	will have been reviewed for the appropriateness of 100% of residents who are prescribed antipsychotic medications will receive a 3 month 100% of full time, nursing staff	
		given antipsychotic medication in the 7 days preceding their resident assessment			quarter of rolling 4-quarter average				a monthly basis through reports from CareRx and cross reference to ensure there is an appropriate diagnosis.		Psychogeriatric Team), with nursing staff will meet mothly to review newly 2)Residents who are prescribed antpsycholics for the purpose of management of Responsive expressions, will have a 3)Development of plans of care, with non pharmalogical approach identification of triggers and interventions	monthly, humber of FAC meetings had quarterly, while discussion and reviews cartargies have revealed in a decrease of antipysycholics. Bio Bad and narring the multi Finure that residents who receive antipyscholics for regions where experi- ness and particular start provided and the quarterly by the interdisciplinary team (including entrolice) and family for non-phramological approaches, in the plan of care	medications over the number of residents who have received a medication review in the last quarter. Number of resident who plan of care has been reviewed	will have been reviewed for the appropriateness of 100% of residents who are prescribed antipsychotic medications will receive a 3 month 100% of full time, nursing staff receive GPA training	
		given antipsychotic medication in the 7 days preceding their resident assessment Percentage of LTC	c	% / LTC home	quarter of rolling 4-quarter average	51211*	4.38	4.00	a monthly basis through reports from CareRx and cross reference to ensure there is an appropriate diagnosis.		Psychogenitrit Team), with muning staff will meet monthly to review newly 2)Residents who are prescribed antipsychotics for the purpose of management of Responsive expressions, will have a 3)Development of plans of care, with non pharmalogical approach interventions 1)Ienhancement of the end	monthly, humber of FAC meetings, below dig quarterly, when discussion and reviews or stratigites have required in a decrease of antipsycholics. Biol Biol and an unique and in moure that residents with how their medications, plan of acce reviews, quarterly by the interdisciption y team (including resident and family. Review of plan of care for one pharmalogical approaches, in the plan of care Conduct through assessment of the resident, pallative	medications over the number of residents who have received a medication review in the last quarter.	will have been reviewed for the appropriateness of 100% of reaidents who are prescribed antipsychotic medications will receive a 3 month 100% of full time, nursing staff receive GPA training 100% of registered	
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